

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042829

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 27

Primary Registration District No. 5096

Registrar's No. 198

FILED DEC 5 1963

## 1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Mt Pleasant Twp.

Length of stay in 1b

1 year

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Pine Tree Rest Home

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Bates

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

300 Adams

d. STREET  
ADDRESS

(If outside, give location)

Butler Mo.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
EDITH

Middle

Last  
WARFORD4. DATE  
OF  
DEATHMonth  
Nov.Day  
27Year  
1963

## 5. SEX

Female

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6-15-1887 76

## 9. AGE (last birthday)

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

~~Homemaker~~ Homemaker

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Bates Co Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Wm H Warford

## 13b. MOTHER'S MAIDEN NAME

Nancy K Murray

## 14. NAME OF HUSBAND OR WIFE

single

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates)

no

## 16. SOCIAL SECURITY NO.

Mrs Cora Abthony, Maryville Mo.

18. CAUSE OF DEATH (Enter only one cause)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Myocardial failure

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Atherosclerotic heart disease 10 yrs

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary emphysema

## PART III. If deceased was female, was there a pregnancy in last 90 days?

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

None

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

None

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

None

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from 1955 to 11-27-63 and last saw her on 11-26-63.

Death occurred at 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Douglas P. Howard MD

## 22b. ADDRESS

Butler Missouri

## 22c. DATE SIGNED

11-30-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

11/30/63

## 23c. NAME OF CEMETERY OR CREMATORY

Oakhill Cemetery

## 23d. LOCATION (City, town, or county)

Butler Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Culver Underwood, Butler Mo

## 25. DATE RECD BY LOCAL REG.

11-30-63

## 26. REGISTRAR'S SIGNATURE

Norma Frank Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*John H. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 11-30-63 MW